



FAIRFAX COUNTY

DEPARTMENT OF HEALTH

Division of Environmental Health

Food Safety Section

10777 Main Street, Suite 111

Fairfax, Virginia 22030-6903

Telephone: (703) 246-2444 Fax: (703) 385-9568

TDD: (703) 591-6435

PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

Please print or type the information requested below and return the completed application, permit fee of \$40, and a xerox copy of your Fairfax County business licensee to the address listed above. The establishment's name and the owner's name must be the same as recorded on the establishment's County business license. Call 246-2444 for information regarding the establishment's permit.

Plans and specifications for remodeling or alteration must be submitted to the health department in duplicate for review and approval before any work can be done. A fee of \$240 is required for the plan review. If any existing equipment is to be replaced or new equipment installed, you must submit the manufacturer's name and model number for approval before installation. Call 246-2510 for information regarding plan review.

=====

TO BE COMPLETED BY THE APPLICANT

TYPE OF ESTABLISHMENT: ☐ Stationary ☐ Mobile

EST. NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE () _____ - _____ **FAX** () _____ - _____

IS THIS A COMPLETELY SMOKE-FREE ESTABLISHMENT? _____ **YES** _____ **NO**

MAILING ADDRESS (If different) _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE () _____ - _____ **FAX** () _____ - _____

ESTABLISHMENT OWNED BY: (Check one)

☐ INDIVIDUAL ☐ ASSOCIATION ☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER

Association, Corporation, Partnership Name: _____

Names, titles and addresses of person(s) comprising the legal ownership (attach list if necessary).

OWNER _____

(Complete legal name.)

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE () _____ - _____ **FAX** () _____ - _____

Local registered agent (required for out-of-state owners):

Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **FAX** _____

SIGNATURE _____ **DATE** _____